

## Membership Enrollment Application

### Health Improvement Center (HIC)

Name: \_\_\_\_\_

Agency /Location: \_\_\_\_\_

Phone No#: \_\_\_\_\_

Work Email: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Amount paid \_\_\_\_\_ Locker# \_\_\_\_\_

### Waiver of Liability for Participation in the Health Improvement Center (HIC)

1. I \_\_\_\_\_ realize that physical exercise can lead to injury or serious medical problems. It is recommended that I have a physical examination by a competent physician (at my expense) before engaging in any exercise program. With this knowledge, I am electing to participate in the use of the Health Improvement Center operated by the Greater Cincinnati Federal Executive Board.
2. In consideration of my acceptance as a participant, I hereby waive and release any and all claims and rights for damages I may have or hereafter accrue against the United States of Government, including all of its departments, agencies, bureaus, offices, other instrumentalities and employees.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_